

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>COMPLAINT</b> <b>(REQUEST FOR ACTION)</b> <b>Page 1</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

1. In the matter of      Last                      First                      Middle                      Police Report No.

2. Date of birth	3. Sex	4. Race	5. Member of or eligible for membership in American Indian Tribe or Band		
6. Height	7. Weight	8. Eye color	9. Hair color	10. School/District	11. Municipality and county of residence

<b>BASIS FOR REFERRAL</b>	12. Brief statement of the allegations, including citations and date, time, and location of offense
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13. Codefendant(s): (Name(s), alias(es), DOB)

**SOCIAL INFORMATION**

14. Father's name	Address	Home phone	Work phone
15. Mother's name	Address	Home phone	Work phone
16. Stepparent's name	Work phone	17. Non-parent adult's name	
		Work phone	
18. Guardian/Legal custodian's name	Address	Home phone	Work phone
19. Divorced?	Date of divorce	Place of divorce:	
<input type="checkbox"/> No <input type="checkbox"/> Yes		(county, state)	
20. Custody to:			
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (state name and address):			
21. Minor living with:			
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other:			

**REQUEST**

22. I request that:

- ☐ a. a petition be authorized.
- ☐ b. the court review the information and make an appropriate disposition.

I declare that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Complainant's signature	Date
Print or type name	Address/Agency
	Telephone no.